

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
0167703

APPLICANT(S)

CLAIMS												
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/									
2			/		/							
3												
4			3		/							
5			7		/							
6	/		/									
7			/		/							
8			2		/							
9			2		/							
10			/		/							
11			1		/							
12	/		/									
13			/		/							
14			2		/							
15			1		/							
16	/		/									
17			/		/							
18			2		/							
19			2		/							
20			8		/							
21			8		/							
22			8		/							
23			8		/							
24			8		/							
25			8		/							
26	/		/									
27			8		1							
28			8		1							
29			8		1							
30			8		1							
31			8		1							
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45												
46												
47												
48												
49												
50												
TOTAL IND.				5								
TOTAL DEP.			26									
TOTAL CLAIMS			31									